#### DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814 (916) 322-5330



February 5, 1985

ALL-COUNTY LETTER NO. 85-20

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC NOTICES OF ACTION FOR THE SECOND SET OF REGULATIONS WHICH

IMPLEMENT THE PROVISIONS OF THE FEDERAL DEFICIT REDUCTION ACT OF

1984 (DEFRA)

REFERENCES: ACL 84-107, ACL 85-06, ALL COUNTY WELFARE DIRECTORS' LETTER

OF JANUARY 24, 1985

Attached are reproducible copies of Notice of Action (NOA) language which counties must use in notifying applicants/recipients of specific changes due to the second set of DEFRA regulations. Attachment I is an index of the notices transmitted by this letter.

The second set of DEFRA regulations includes the following provisions:

- o \$50 Child/Spousal Support Disregard Issuance
- o Assistance Unit/Filing Unit
- o Deeming of Income to Minor Parents
- o Protective Payments
- o Sponsored Aliens
- o Real Property Exclusion

The attached NOA messages were developed to be used in circumstances resulting from the above mentioned regulation changes. In some instances Notices of Action currently used by the counties should be used for these regulation changes (e.g., denial due to exceeding the 185% gross income limit when counting the income of all people required to be included in the assistance unit). The Child/Spousal Support Disregard informational notice, approved under the terms of the Turner Consent Decree, was transmitted to counties on January 16, 1985 (ACL 85-06).

Attachment II lists the instructions for the use of each NOA message.

The language on the attached NOAs has been approved under the terms of the Turner Consent Decree and is mandated for use. Counties may reproduce the attached notices or transfer the exact language to any other appropriate NOA form (e.g., the NA 990 in Case Data Counties). The language of these NOAs does not replace any language already provided by the State. If the language is similar to any county-prepared language in use, the attached language (not the county language) must be used under the terms of the Consent Decree in Turner v. McMahon.

The NOA message number on each attached notice is keyed to the appropriate major regulation section. If a notice is marked with "1/85 Temp" in the lower left corner near the message number, it is to be used only during the transition of cases from old to new regulations. A notice with a date only is considered permanent.

These NOA messages, except for those on sponsored aliens, are also applicable to the Refugee Cash Assistance (RCA) and Entrant Cash Assistance (ECA) programs, and the Refugee Demonstration Project (RDP). The messages on deeming of income to minor parents, sponsored aliens and real property exclusion are also applicable to the Foster Care (AFDC-FC) program.

Translated versions will follow.

If you have any questions, please contact Doris Keller, AFDC Policy Implementation Bureau, at (916) 322-5330 or ATSS 492-5330.

ROBERT K. HOREL Deputy Director

Attachments

cc: CWDA

# INDEX, NOTICES OF ACTION REQUIRED BY DEFRA CHANGES (Second Regulation Package ORD # 1184-58)

NUMBER	TITLE
M40-118A	Deny, Application For All Members
M40-118B	Discontinue, Application For All Members
M42-213D *	Notification of Change, 6 Month Exemption When Real Property is For Sale
M42-213E	Approval, 6 Month Approval, Sale of Property
M42-213F	Discontinue, Property Not Sold
M43-119A >*	Discontinue, Sponsored Alien, Failure to Report
M43-119B	Deny, Sponsored Alien, Failure to Report
M43-119C *	Discontinue, Sponsored Alien, Needs Met
M43-119E	Change, Sponsored Alien, Some Members Needs Met
M44-133F *	Change, Senior Parent Income
M44-133G *	Discontinue, Senior Parent Income, 185%
M44-133H *	Suspend, Senior Parent Income, 185%
M44-133J *	Discontinue, Senior Parent Income, Financial Eligibility
M44-133K *	Suspend, Senior Parent Income, Financial Eligibility
M44-133L	Continuation Sheet - SENIOR PARENT/LEGAL GUARDIAN - Income Computation
M44-133M	Discontinue, Senior Parent Income, 185%
M44-133N	Suspend, Senior Barent Income, 185%
M44-133-0	Discontinue, Senior Parent Income, Financial Eligibility

NUMBER	TITLE
M44-133P	Suspend, Senior Parent Income, Financial Eligibility
M44-205A *	Change, All Family Income Included
M44-205B *	Discontinue, All Family Income Included, Financial Eligibility
M44-205C *	Discontinue, All Family Income Included, 185%

 $<sup>\</sup>star$  Temporary message intended to convert current cases to the new rules.

#### INSTRUCTIONS

- $\frac{\text{M40-118A}}{\text{Use}}$  Deny, Application For All Members Use to deny a case when there is a refusal to complete an application for all the apparently eligible individuals in the home.
- $\frac{\text{M40-118B}}{\text{Use}}$  Discontinue, Application For All Members  $\frac{\text{Use}}{\text{Use}}$  to discontinue a case when an apparently eligible person moves into the home and the family refuses to complete an application.
- $\frac{\text{M42-213D}}{\text{For use when an applicant was denied AFDC after 1/19/85}}$  due to excess real property which is for sale or may be put up for sale.
- $\frac{\text{M42-213E}}{\text{Use}}$  Approval, 6 Month Approval, Sale of Property Use when applicant owns real property other than the home, has agreed to put it up for sale and has signed a lien agreement.
- $\frac{M42-213F}{Use}$  Discontinue, Property Not Sold Use when notifying a recipient they are in the last month of the exemption period while their excess real property is for sale.
- $\frac{\text{M43-119A}}{\text{Use}}$  Discontinue, Sponsored Alien, Failure to Report Use to discontinue a continuing case when all members are sponsored by the same agency or organization and the sponsor has failed to complete the CA 24 form.
- M43-119B Deny, Sponsored Alien, Failure to Report
  Use to deny a alien's application when all applicant's are sponsored by the same agency or organization and the sponsor has failed to complete the CA 24 form.
- <u>M43-119C</u> Discontinue, Sponsored Alien, Needs Met Use to discontinue when the alien's sponsoring agency or organization reports it is able to meet the entire needs of the alien family.
- $\underline{\text{M43-119E}}$  Change, Sponsored Alien, Some Members Needs Met Use when the alien's sponsors report they are able to meet the entire need of some of the family members. Fill in the blank with the name or names of person(s) whose needs are met.
- M44-133F Change, Senior Parent Income
  Use for continuing cases when the new method of counting senior parent income causes a change in the minor parent grant amount. Attachment sheet to use is M44-133L.
- $\frac{M44-133G}{Use}$  Discontinue, Senior Parent Income, 185% Use to discontinue continuing cases when the new method of counting senior parent income causes minor parent income to exceed 185%. Attachment sheet to use is the M44-133L.
- $\frac{M44-133H}{Use}$  Suspend, Senior Parent Income, 185% Use to suspend continuing cases when the new method of counting senior parent income causes the minor parent income to exceed 185%, but the excess income is not expected to continue. The attachment sheet to use is M44-133L.

M44-133J Discontinue, Senior Parent Income, Financial Eligibility
Use to discontinue continuing cases when the new method of counting senior parent
income causes minor parent income to exceed MBSAC. The attachment sheet to use is
M44-133L.

M44-133K Suspend, Senior Parent Income, Financial Eligibility
Use to suspend continuing cases when the new method of counting senior parent income causes the minor parent income to exceed MBSAC, but the excess income is not expected to continue. Use attachment sheet M44-133L.

<u>M44-133L</u> Continuation Sheet - SENIOR PARENT/LEGAL GUARDIAN - Income Computation Insert the number of people in the Senior Parent Unit on the appropriate line. List the additional income source and the amount in the space provided.

M44-133M Discontinue, Senior Parent Income, 185%
Use to discontinue a case when a minor parent reports new senior parent income which causes his/her income to exceed 185%. The new senior parent income could be the result of a new job, increased hours and/or pay, the return of a senior parent to the home or the return of the minor parent to the senior parent home. Use attachment sheet
M44-133L.

M44-133N Suspend, Senior Parent Income, 185%
Use to suspend a case when a minor parent reports new senior parent income which causes his/her income to exceed 185%, but the excess income is not expected to continue. The new senior parent income could be the result of a new job, increased hours and/or pay, the return of a senior parent to the home or the minor parent to the senior parent home. Use attachment sheet M44-133L.

M44-133-0 Discontinue, Senior Parent Income, Financial Eligibility
Use to discontinue a case when a minor parent reports new senior parent income which causes his/her income to exceed MBSAC. The new senior parent income could be the result of a new job, increased hours, and/or pay, the return of a senior parent to the home or the return of a minor parent to the senior parent home, Use attachment sheet M44-133L.

M44-133P Suspend, Senior Parent Income, Financial Eligibility
Use to suspend a case when a minor parent reports new senior parent income which causes his/her income to exceed MBSAC. The new senior parent income could be the result of a new job, increased hours and/or pay, the return of a senior parent to the home or the return of a minor parent to the senior parent home, but the excess income is not expected to continue. Use attachment sheet M44-133L.

M44-205A Change, All Family Income Included
Use to change the aid payment of a current case when one or more of the currently
unaided family members has income, completes an application and is added to the grant
or requests not to be aided.

M44-205B Discontinue, All Family Income Included, Financial Eligibility
Use for continuing cases when an application is completed for each appropriate person, but the family's income exceeds MBSAC. Also use for continuing cases when a new member of the family unit has income or a current member starts receiving income and that income exceed MBSAC.

M44-205C Discontinue, All Family Income Included, 185% Use to discontinue continuing cases when the added income from family members, who must now be included, causes the total gross income to exceed 185%. Also use for continuing cases when a new member of the family unit has income or a current member start receiving income and that income exceed the 185% limit.

# **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Number:
Worker:
Phone:
Date:

Description of the Action, Amount, Reason(s), Comments. Effective, t	he following action is being taken
The County has denied your cash aid because your application wa	s incomplete.
The rule is that you must apply for most of the brothers and si 19 liwing with the child you want aided. You must also include parents who live with you.	
You refused to apply for, (NAME)	

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 40-118.2 and 44-206.1

Medi-Gai — California Administrative Code Title 22, Section(s)

# **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Name : Case Number : Worker : Phone : Date :

Description of	the Action, Amount, Reason(s), Comments. Effective, the following action is being taken:
	The County is stopping your cash aid.
	The rule is that you must apply for most of the brothers and sisters under 19 living with the aided child. You must also include those children's parents who live with you.
	You have not completed an application for

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 40-118.2; 40-105.11 and 44-206.1

Medi-Cal — California Administrative Code Title 22, Section(s)

#### **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Number:
Worker:
Phone:
Date:

escription of the Action, Amount, Reason(s), Comments	Effective	, the following action is being taken:
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You may now receive the cash aid you were denied if you meet all the rules. Please call your worker right away.

The County denied you aid because you owned real property that was <u>not</u> your home. The law has changed. You may now get aid for up to six months if you try to sell this property.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 42–213,12

Medi-Cal — California Administrative Code Title 22, Section(s)

## **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Name : Case Number : Worker : Phone : Date

Description of the Action, Amount, Reason(s	), Comments. Effective, the folio	owing action is be	ing taken:
The County has approved y amount is figured below.	our cash aid for up to six months. Your mont	hly aid	
	ou must keep trying to sell the real property	_	
	aid after six months if you still own this re	al property.	
Computation of: Financial Eligibility	Net Nonexempt Income Computation	Name Name	Name
Aid Payment	Total Earned Income パパノ 7まれ おまぐ, およま, あかま かちあな, ハオギ		
Special Needs (specify)	Standard Work Expense Disregard  - + Dependent Care Expense Disregard -  Disregard: \$30 -		
Net Non-exempt Income Child/Spousal Support Collected by the County (for eligibility computation only) Total Grant	Subtotal =  Disregard: 1/3 of Subtotal -  Other Countable Income: +		
Overpayment Adjustment (see page) Aid Payment	Court Ordered Child/Spousal Support Paid  Net Nonexempt Income  Net Nonexempt Income Total (columns 1 + 2 -	+ 3)	
Regulations. Thi action is required by State r Policies and Procedures (MPP) Section(s) 42-21	egulations which are available for review at the county welfar	e department: N	lanual of
Medi-Cal: California Administrative Code Title 2	22, Section(s)		
	ou locate an absent parent, legally establish your child's paternity aid is discontinued, you must contact the District Attorney's off		support.
Family Planning Services. Information is available	able from the County Welfare Department on request.		

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the

effective date of the action. Read the back for important information about your right to appeal this action.

M42-213E (1/85) 6 MONTH APPROVAL, SALE OF PROPERTY

## Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Number : Worker : Phone : Date :

escription of the Action, Amount, Reason(s), Comments	. Effective	the following action is being taken:
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The County is stopping your cash aid. The reason is that the total value of the property you own is over \$1,000.

The County must count the value of all the property you own other than your home. You have not sold real property that is <u>not</u> your home. The value of this property now counts against you unless it is impossible to sell.

The County counted the value of your property as follows:

	Property	Equity Value
1.	· · · · · · · · · · · · · · · · · · ·	\$
2.		\$
3.		\$
4.		\$
	TOTAL	\$ •

Please call your worker if you have any questions or when you sell the property.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 42-213.12

Medi-Cal — California Administrative Code Title 22, Section(s) \_

# **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Number : Worker : Phone :

escription of the Action, Amount, Reason(s), Comments	. Effective	, the following action is being taken:
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The County is stopping your cash aid.

The reason is that you are a sponsored alien and did not turn in a complete Form CA 24 from your sponsoring group. The deadline for turning in this form is past. If your sponsoring group fills it out, please call your worker right away.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 43-119

Medi-Gal — California Administrative Code Title 22, Section(s)

# **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Number:
Case Number:
Worker:
Phone:
Date:

escription of the Action, Amount, Reason(s), Comments	Effective	, the following action is being taken:
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The County has denied your application for cash aid.

The reason is that you are a sponsored alien and you did not turn in a complete Form CA 24 from your sponsoring group. The deadline for turning in this form is past. If your sponsoring group fills it out, please call your worker right away.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 43-119

Medi-Cal — California Administrative Code Title 22, Section(s)

# **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Number : Worker : Phone : Date :

Description of the Action, Amount, Reason(s), Comments.	Effective, the following action is b	eing taker
	·	

The County is stopping your aid.

You are a sponsored alien, and your sponsoring group says it can pay for your needs.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 43-119

Medi-Gal — California Administrative Code Title 22, Section(s)

#### **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Name : Case Number : Worker : Phone : Date

Description of the Action, Amount, Reason(s), Comments.	Effective, the follows:	owing act	tion is be	ing taken:
The County is changing your monthly ca	ash aid from \$ to \$	<b>4</b>		
The reason for this change is that you	ur family has sponsored aliens in	it.		
Your sponsoring group says it can pay	for the needs of (NAME)			
The County must stop aid for everybody	y whose needs can be met. When t	he aid	for	
part of your family stops, your total is figured below.	aid goes down. Your new monthly	aid an	nount	
Computation of: Financi I Eligibility	Net Nonexempt Income Computation	Name	Name	Name
Aid Payment persons	Total Earned Income And Take Sed Sed And Dise			
Special Needs (specify) + + + + + + + + + + + + + + + + + + +	Standard Work Expense Disregard - Dependent Care Expense Disregard - Disregard: \$30 -			
Net Non-exempt Income	Subtotal =			ļ
Child/Spousal Support Collected by the County (for eligibility computation only)  Total Grant =	Other Countable Income: +			
Overpayment Adjustment (see page ) ~ =	Court Ordered Child/Spousal Support Paid -  Net Nonexempt Income =			
Regulations. This action is required by State regulations which Policies and Procedures (MPP) Section(s) 43-119	Net Nonexempt Income Total (columns 1 + 2 are available for review at the county welfar	e departi		Aanual of
Medi-Cal: California Administrative Code Title 22, Section(s)				
Child Support. The District Attorney can help you locate an abset	nt parent, legally establish your child's paternit	y, and co	llect child	d support.

M43-119E (1/85) CHANGE, SPONSORED ALIEN, SOME MEMBERS NEEDS MET

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the

To obtain these services, or to continue them if aid is discontinued, you must contact the District Attorney's office.

effective date of the action. Read the back for important information about your right to appeal this action.

#### **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Name : Case Number : Worker : Phone : Date

escription of the Action, Amount, Heason(s), Comm	nents. Effective, the	following action is being tal	(en:
The County is changing your mon	thly cash aid from \$ to \$		
because the law has changed for	families with minor parents.		
You are a parent under 19 and 1	ive with your parent or legal guardi	ian. Under the	
new law some of your parent's o	r legal guardian's income affects yo	our aid amount.	
Your parent's or legal guardian	's countable income is figured on the	ne attached sheet.	
Your new monthly aid amount is	figured below.		
·	-		
·	•		
omputation of: Financial Eligibility	Net Nonexempt Income Computation	Name Name Name	<del></del>
Aid Payment	Total Earned Income		
	hych Tank Back Bad And Disabl Nast	-	
for persons	Standard Work Expense Disregard		
ecial Needs (specify) +	Dependent Care Expense Disregard	-	
+	Disregard: \$30		
t Non-exempt Income	Subtotal	=	
ild/Spousal Support Collected by the County	Disregard: 1/3 of Subtotal		
r eligibility computation only)	Other Countable Income:	+	
Total Grant =		+	
rerpayment Adjustment (see page)		+	
Aid Payment =	Court Ordered Child/Spousal Support Pai	d	
	or Net Nonexempt Income	=	
	Net Nonexempt Income Total (columns	1 + 2 + 3)	_
egulations. This action is required by State regulation	s which are available for riview at the county w	velfare department: Manua	of
elicies and Procedures (MPP) Section(s) 44-133.7			-

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

Family Planning Services. Information is available from the County Welfare Department on request.

To obtain these services, or to continue them if aid is discontinued, you must contact the District Attorney's office.

#### **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Number : Case Number : Worker : Phone : Date :

escription of the Action, Amount, Reason(s), Comments.	Effective	, the following action is being taken:
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The County is stopping your cash aid because the law has changed for families with minor parents.

You are a parent under 19 and live with your parent or legal guardian. Under the new law some of your parent's or legal guardian's income affects your aid.

Your aid stops because with this income your gross income exceeds 185% of the need standard set by the State.

Your parent's or legal guardian's countable income is figured on the attached sheet. The table below shows your gross income.

SOURCE		INCOME	NEEDS	
1.		\$	Basic Need Standard	\$
2.		\$	Special Needs	<u>+</u>
3.		\$	. Total Needs	\$
	TOTAL	\$		x 1.85
			185% of Needs	\$

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 44-133.7, 44-207.2

Medi-Cal — California Administrative Code Title 22, Section(s)

#### **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Number:
Case Number:
Worker:
Phone:
Date:

Description of the Action, Amount, Reason(s), Comments.	Effective	the following action is being taken:
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The County is stopping your cash aid for one month. The law has changed for families with minor parents.

You are a parent under 19 and live with your parent or legal guardian. Under the new law, some of your parent's or legal guardian's income affects your aid. With this income your gross income exceeds 185% of the need standard set by the State.

You may get cash aid again if your gross income no longer exceeds the 185% limit. For the County to know this you must turn in a complete monthly Eligibility Report (CA 7) during the month your aid is stopped.

Your parent's or legal guardian's countable income is figured on the attached sheet. The table below shows your gross income.

SOURCE		INCOME	NEEDS		
1.		\$	Basic Need Standard	\$	
2.		\$	Special Needs	+	
3.		\$	Total Needs	\$	·
	TOTAL	<b>\$</b>		x	1.85
			185% of Needs	\$	

R <b>egulations</b> . This a	iction is required by	State regulations which	h are available fo	r review at the county	welfare department:	Manual of
Policies and Procedu	res (MPP) Section(s) .	44-133.7. 44-207	7.2	, , , , , , , , , , , , , , , , , , ,		

Medi-Gai — California Administrative Code Title 22, Section(s)

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name : Case Number : Worker : Phone : Date : Case Name : Case Number : Case Number : Case Name : Case Number : Case N

Description of the Action, Amount, Reason(s), Comment	ts. Effective, the foll	owing act	tion is be	ing taken
The County is stopping your cash	aid because the law has changed for	familie	es	
with minor parents.				
You are a parent under 19 and liv	e with your parent or legal guardian	. Unde	er	
the new law, some of your parent!	s or legal guardian's income affects	your a	aid.	
	income your countable income is more			
need standard set by the State.	·			
	countable income is figured on the	attache	ed shee	2 <b>C.</b>
Your new countable income is figu		******		<u> </u>
Computation of:  Financial Eligibility	Net Nonexempt Income Computation	Name	Name	Name
Aid Payment	Total Earned Income			
au raymont	ANG TAY BAG BAG ANA PISAY NAS			
for persons	Standard Work Expense Disregard			_
Special Needs (specify) +	Dependent Care Expense Disregard	-		
+	Disregard: \$30			<del> </del>
Net Non-exempt Income –	Subtotal	-		+
Child/Spousal Support Collected by the County	Disregard: 1/3 of Subtotal		· <del> </del>	<del></del>
(for eligibility computation only)	Other Countable Income:	+	-	<del>                                     </del>
Total Grant =		+	1	+
Overpayment Adjustment (see page)		+	+	
Aid Payment =	Court Ordered Child/Spousal Support Paid			<del> </del>
•	or			
	Net Nonexempt Income Total (columns 1 + 2	+ 3)	:	<del>~~~~</del>
Regulations. This action is required by State regulations of Policies and Procedures (MPP) Section(s) 44-133.7. 44	which are ave lable for review at the county welfa = 207.3	re depart	ment:	Manual of
Medi-Cal: California Administrative Code Title 22, Section(	(s)			
OLEGO TO THE TOTAL TO THE TOTAL TOTA	aire a service to cally corabinb your phild's notors	ty and co	llact chil	d suppost
Child Support. The District Attorney can help you locate an			maci Cilli	a support.

M44-1331 (1/85 temp?) DISCONTINUE, SENIOR PARENT INCOME. FINANCIAL ELIGIBILITY

effective date of the action. Read the back for important information about your right to appeal this action.

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the

## **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Name : Case Number : Worker : Phone : Date

Description of the Action, Amount, Reason	), Comments. Effective, t	he following ac	tion is be	eing taker
The County is stopping you with minor parents.	cash aid for one month. The law has ch	anged for f	amilie	S
new law, some of your pare	and live with your parent or legal guardint's or legal guardian's income affects your income is more than the need standard se	our aid. W	ith	
	if your income no longer exceeds this start turn in a complete monthly Eligibility s stopped.			
Your parent's or legal gua Your new countable income	dian's countable income is figured on the s figured below.	e attached	sheet.	·
Computation of Financial Eligibility	Net Nonexempt Income Computation	Name	Name	Name
Aid Payment  for person Special Needs (specify)		-		
Net Non-exempt Income Child/Spousal Support Collected by the County (for eligibility computation only Total Grant	Subtotal Disregard: 1/3 of Subtotal Other Countable Income:			
Overpayment Adjustment (see page) Aid Payment	Court Ordered Child/Spousal Support P  Net Nonexempt Income  Net Nonexempt Income Total (column:	<u> </u>		
<b>Regulations.</b> This action is required by State Policies and Procedures (MPP) Section(s) $\frac{l_1 l_2}{l_1 l_2}$	regulations which are available for review at the county	welfare departi		Manual of
Medi-Cal: California Administrative Code Title	22, Section(s)			
	ou locate an absent parent, legally establish your child's p		llect chile	d Support.

M44-133K (1/85 temp.) SUSPEND, SENIOR PARENT INCOME, FINANCIAL ELIGIBILITY

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the

To obtain these services, or to continue them if aid is discontinued, you must contact the District Attorney's office.

effective date of the action. Read the back for important information about your right to appeal this action.

Page \_2\_ of \_\_\_\_

# **Notice of Action - Continued**

Case Name : Case Number : Date of Notice :

INCOME AVAILABLE FROM SENIOR PARENT/LEGAL GUARDIAN

Earned Income	\$
Total Additional Income *	+\$
Standard Work Expense Disregard	<u>-\$</u>
Court Ordered Support Payment Paid	-\$
Additional Child and Spousal Support Persons Not in Home	to - <u>-\$</u>
Payment to Other Dependents Not in Ho	ne <u>-</u> \$
Need Standard For Senior Family	Members <u>-</u> \$
TOTAL INCOME AVAILABLE TO ASSISTANCE	JNIT \$
* ADDITIONAL COUNTABLE INCOME	•
SOURCE AMOUNT	
1. \$	
2. \$	
3. \$	•
<u>t</u> , <u>\$</u>	

Regulations. These rules apply to the information on this page: Policy Manual Sections: 44–133.7 You may review them at your welfare office.

TOTAL \$

#### **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Number : Case Number : Worker : Phone : Date :

, the following detion is being token	Description of the Action, Amount, Reason(s), Comments.	Effective	, the following action is being taken:
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The County is stopping your aid.

You are a parent under 19 and live with your parent or legal guardian. Since you are a minor parent, some of your parent's or legal guardian's income affects your aid. Your aid stops because with this income your gross income exceeds 185% of the need standard set by the State.

Your parent's or legal guardian's countable income is figured on the attached sheet. The table below shows your gross income.

SOURCE	٠.,	INCOME	NEEDS	
1.		\$	Basic Need Standard	\$
2.		\$	Special Needs	+
3.		\$	Total Needs	\$
	TOTAL	\$		x 1.85
			185% of Needs	\$

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 44-133-7, '44-207-2

Medi-Cal — California Administrative Code Title 22, Section(s)

#### Notice of Action

f you have questions or want more information bout this action, please contact your worker.

Case Name : Case Number : Worker : Phone : Date :

Constintion of the Astine Assessed Constitution				
escription of the Action, Amount, Reason(s), Comments.	Effective	, the followin	g action is being	j taken:

The County is stopping your aid for one month.

You are a parent under 19 and live with your parent or legal guardian.

Since you are a minor parent, some of your parent's or legal guardian's income affects your aid. Your aid stops because with this income your gross income exceeds 185% of the need standard set by the State.

You may get cash aid again if your gross income no longer exceeds the 185% limit. For the County to know this, you must turn in a complete monthly Eligibility Report (CA 7) during the month your aid is stopped.

Your parent's or legal guardian's income is figured on the attached sheet. The table below shows your gross income.

SOURCE	INCOME	NEEDS		,
1.	\$	Basic Need Standard	\$	
2.	\$	Special Needs	+	
3.	\$	Total Needs	\$	
TOTAL	\$		x	1.85
		185% of Needs	\$	

egulations.	This action is required by	State regulations	which are available	for review at	the county we	elfare department:	Manual of
olicies and Pr	rocedures (MPP) Section(s)	44-133.7,	44-207-2				

viedi-Gal — California Administrative Code Title 22, Section(s)

# **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Name : Case Number : Worker : Phone : Date

Description of the Action, Amount, Reason(s)	), Comments.	Effective	the following a	ction is b	eing taken
The County is stopping yo					
you are a minor parent so	me of your because w	with your parent or legal guar parent's or legal guardian's Ith this income your countable	income aff	ects	
	ardian's co	ountable income is figured on sigured below.	the attache	ed	
Computation of: Financial Eligibility		Net Nonexempt Income Computation	Name	Name	Name
Aid Payment  for persons  Special Needs (specify)  Net Non-exempt Income Child/Spousal Support Collected by the County (for eligibility computation only)     Total Grant Overpayment Adjustment (see page)	+	Total Earned Income  INCLIAN BAG SEC END DISAN FOR  Standard Work Expense Disregard  Dependent Care Expense Disregard  Disregard: \$30  Subtotal  Disregard: 1/3 of Subtotal  Other Countable Income:	+		
Aid Payment	2	Court Ordered Child/Spousal Support P  Net Nonexempt Income  Net Nonexempt Income Total (columns	aid		
Regulations. This action is required by State re Policies and Procedures (MPP) Section(s) 44-13	13.7. 44 <u>-20</u>	ch are available for review at the county 7.3	welfare departi		fanual of
Medi-Cal: California Administrative Code Title 22	2, Section(s) _				
<b>Child Support.</b> The District Attorney can help you To obtain these services, or to continue them if air	u locate an abse id is discontinu	ent parent, legally establish your child's pi led, you must contact the District Attorno	aternity, and colley's office.	lect child	í support.

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the

M44-133-0 (1/85) DISCONTINUE, SENIOR PARENT INCOME, FINANCIAL ELIGIBILITY

Family Planning Services. Information is available from the County Welfare Department on request.

effective date of the action. Read the back for important information about your right to appeal this action.

## **Notice of Action**

If you have questions or want more information about this action, please contact your worker. Case Name Case Number : Worker Phone Date

Description	of the Action, Amount, Reason(s), Comi	ments. Effective	, the fol	llowing ac	tion is b	eing take
	The County is stopping your ai	d for one month				
·	You are a parent under 19 and Since you are a minor parent, affects your aid. Your aid st exceeds the need standard set	live with your parent or some of your parent's or	1 1 1		ome ncome	
	You may get cash aid again if standard. For the County to ke Eligibility Report (CA 7) during	your countable income no l		this r onthly	need .	
	Your parent's or legal guardian sheet. Your new countable inco	n's countable income is fi	gured on the	attache	ed.	
Computation of	of: Financial Eligibility	Net Nonexempt Income	Computation	Name	Name	Name
	Aid Payment	Total Earned Income	d thinked design	-		
Special Needs (	specify) for persons	/fl/ /fl/ /\$4 /\$40 /\$64 /\$64 /\$64 /\$64 /\$64 /\$64 /\$64 /\$64	se Disregard .			
(for eligibility co Total Grant Overpayment A	Support Collected by the County Imputation only)  t =  djustment (see page)	Disregard: \$30 Subtotal Disregard: 1/3 of Sul Other Countable Income:	btotal +			
Aid Paymei	n+	Court Ordered Child/Spou	usal Support Paid - ne =			
Regulations. Policies and Pr	This action is required by State regulation rocedures (MPP) Section(s) 44-133.7	ns which are available for review a		re departr	n at: N	lanual of
Medi-Cal: Ca	lifornia Administrative Code Title 22, Section	on(s)				
Child Support	The District Attorney can help you locate	an absent parent legally establish y	our child'e naternia		ect child	support.

To obtain these services, or to continue them if aid is discontinued, you must contact the District Attorney's office.

effective date of the action. Read the back for important information about your right to appeal this action.

M44-133P (1/85) SUSPEND, SENIOR PARENT INCOME, FINANCIAL ELIGIBILITY

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the

#### **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Name Case Number: Worker Phone Date

Description	of the Action, Amount, Reason(s), Co	omments. Effective, the following action is b	eing take
	The County is changing your m	monthly cash aid from \$ to \$ .	
	Under a new law, the County m with you, even if they do not	must count the income of some relatives who live at want aid.	
	ger and unless the brother or	of the brothers and sisters of the children who r sister is: a) 18 and not in school or over 19; undocumented alien. Also included are the parents ve with you.	
	Counting the income of these new aid amount is figured bel	relatives changes your monthly aid amount. Your low.	
Computation (	of: Financial Eligibility	Net Nonexempt Income Computation Name Name	Name
Net Non-exemp Child/Spousal (for eligibility or Total Gran Overpayment A	Support Collected by the County omputation only) it = idjustment (see page)	Total Earned Income  / Incl Tax Sac Sed Sed Sed Pisal Nas.  Standard Work Expense Disregard  Dependent Care Expense Disregard  Disregard: \$30  Subtotal  Disregard: 1/3 of Subtotal  Other Countable Income:	
Aid Payme	ent = <u>.</u>	Court Ordered Child/Spousal Support Paid -  Net Nonexempt Income =  Net Nonexempt Income Total (columns 1 + 2 + 3)	
, oncles and r	Tocedures (MPP) Section(s) 44-205.4		/anu <sub>e</sub> , of
Medi-Cal: Ca	alifornia Administrative Code Title 22, Se	ection(s)	
Child Support To obtain thes	t. The District Attorney can help you loca se services, or to continue them if aid is o	ate an absent parent, legally establish your child's paternity, and collect child discontinued, you must contact the District Attorney's office.	i support.

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action. M44-205A (1/85 temp.) CHANGE, ALL FAMILY INCOME INCLUDED,

#### **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Name : Case Number : Worker : Phone : Date

The County is stopping your cash aid.	Effective, the following	llowing ac	tion is b	eing taken
Under a new law, the County must count you, even if they do not want aid.	the income of some relatives who	live w	ith	
These relatives include most of the bro aid unless the brother or sister is: a) SSI; or c) is an undocumented alien. A of the parents live with you.	18 and not in school or over 10.	· h) rac	a iuar	
When the County counts the income of the exceeds the need standard set by the St figured below for(MONTH)	ese relatives, your family's coun ate. Your family's countable inc	table i	ncome	
Computation of: Financial Eligibility	Net Nonexempt Income Computation	Name	Name	Name.
Aid Payment  for persons  Special Needs (specify) +	Total Earned Income  /dc/ Tdx/ \$6c/ \$6c/ \$6/ \$6/ \$75/\$6/ \$6/ \$6.  Standard Work Expense Disregard  Dependent Care Expense Disregard			
Child/Spousal Support Collected by the County (for eligibility computation only)  Total Grant =	Disregard: \$30 Subtotal Disregard: 1/3 of Subtotal Other Countable Income:	+		
Overpayment Adjustment (see page)	Court Ordered Child/Spousal Support Paid  Or  Net Nonexempt Income  Net Nonexempt Income Total (columns 1 + 2)	=		
<b>Regulations.</b> This action is required by State regulations whice Policies and Procedures (MPP) Section(s) $\frac{44-205.4}{44-205}$	h are available for review at the $\alpha$ unty welfa $7.3$			

To obtain these services, or to continue them if aid is discontinued, you must contact the District Attorney's office.

effective date of the action. Read the back for important information about your right to appeal this action.

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the

M44-205B (1/85 temp.) DISCONTINUE, ALL FAMILY INCOME INCLUDED, FINANCIAL ELIGIBILITY

# **Notice of Action**

If you have questions or want more information about this action, please contact your worker.

Case Number : Worker : Phone :

Description of the Action, Amount, Reason(s), Comments	Effective	the following action is being taken
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The County is stopping your cash aid.

Under a new law, the County must count the income of some relatives who live with you, even if they do not want aid.

These relatives include most of the brothers and sisters of the children who get aid unless the brother or sister is: a) 18 and not in school or over 19; b) receives SSI; or c) is an undocumented alien. Also included are the parents of these children if the parents live with you.

When the County counts the income of these relatives your family's gross income exceeds 185% of the need standard set by the State. The table below shows your gross income for \_\_\_\_\_\_.

	SOURCE		AMOUNT	NEEDS	,	
1.	•	\$		Basic Need Standard	\$	
2.		\$	,	Special Needs	+	+
3.		<u>\$</u>		Total Needs	\$	
	, TOTAL	. \$			x	1.85
				185% of Needs	\$	

Regulations.	This action is required by State regulations which are available for review at the county welfare departmen	
Policies and P	Procedures (MPP) Section(s) 44-205.4, 44-207.2	t: Manual of

Medi-Gal — California Administrative Code Title 22, Section(s)